

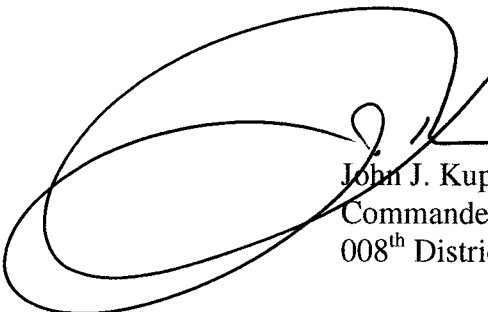
12 October 2011

To: Patrick Querfurth
Supervising Investigator
Independent Police Review Authority

From: John J. Kupczyk
Commander
008th District

Subject: Taser Depolymnet

The undersigned is submitting a copy of the approved TRR regarding the accidental discharge during testing of Taser No. C310009pn on 02-Oct-2011 at 0245hrs by Captain Dennis Walsh #107 008th District. (TRR attached)



John J. Kupczyk
Commander
008th District

JJK/jz

CPD 0017336

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|---|--|
| MEMBER INVOLVED | | 1. DATE OF INCIDENT 02-OCT-2011 | | TIME 02:45:00 | | 2. ADDRESS OF OCCURRENCE <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | 3. LOCATION CODE 280 | | 4. BEAT/OCCUR 0823 | | | | | |
| | | 5. POSITION 9175 | | 6. LAST NAME WALSH | | 7. FIRST NAME DENNIS P | | 8. STAR NO. 107 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE <div style="background-color: black; width: 40px; height: 15px;"></div> | | 12. HT. 603 | |
| SUBJECT INFORMATION | | 14. DATE OF APPT. 11-AUG-1986 | | 15. EMPLOYEE NO. <div style="background-color: black; width: 40px; height: 15px;"></div> | | 16. UNIT & BEAT OF ASSIGNMENT 008 0899 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| | | 20. LAST NAME | | 21. FIRST NAME | | 22. M.I. | | 23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE | | 25. D.O.B. | | 26. HT. | | 27. WT. | |
| REASON FOR USE OF FORCE (Check all that apply) | | 28. ADDRESS | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | 34. BY WHOM? | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | |
| | | 36. CHARGES PLACED | | <input checked="" type="checkbox"/> DNA | | 37. CB NO. | | IR NO. | | <input checked="" type="checkbox"/> DNA | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | SUBJECT'S ACTIONS | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | |
| | | | | DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | |
| CASE INFO. | | MEMBER'S RESPONSE | | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | |
| | | | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | | | | | |
| SIGNATURES | | 70. EVENT NO. <div style="background-color: black; width: 40px; height: 100px; margin: 0 auto;"></div> | | MEMBER PRESENCE <input type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | |
| | | | | VERBAL COMMANDS <input type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | |
| 71. R.D. NO. <div style="background-color: black; width: 40px; height: 100px; margin: 0 auto;"></div> | | 72. NOTIFICATIONS | | ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | |
| | | | | WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER _____ | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) WALSH, DENNIS P | | STAR/EMPLOYEE NO. <div style="background-color: black; width: 40px; height: 15px;"></div> | | SIGNATURE <div style="background-color: black; width: 80px; height: 15px;"></div> | | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | |
| | | | | | | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | OTHER _____ | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) GULLIFORD, WAYNE M | | STAR NO. 683 | | SIGNATURE <div style="background-color: black; width: 80px; height: 15px;"></div> | | DATE REVIEWED 02-OCT-2011 04:07:03 | | TIME 02-OCT-2011 04:07:03 | | 75. CHARGES | | 76. OTHER INFORMATION | | | | | |
| | | | | | | | | | | | | | | | | | |
| 76. OTHER INFORMATION | | 77. OTHER INFORMATION | | 78. OTHER INFORMATION | | 79. OTHER INFORMATION | | 80. OTHER INFORMATION | | 81. OTHER INFORMATION | | 82. OTHER INFORMATION | | | | | |
| | | | | | | | | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Tazer accidentally deployed in the watch commanders office of 008 while testing, No injury or damage occurred.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

KUPCZYK, JOHN J

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

12-OCT-2011 12:29:10

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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